

## Team Nutrition Mini-grant application for Student Organization

TN Team Leader(s)	Position	School	Address	phone	e-mail
<b>Other TN Team members</b>					
Principal or designee			Food service representative		
Classroom teacher (indicate grade level)			Classroom teacher (indicate grade level)		
School Nurse			Physical Education Teacher		
Parent			Students		
Community representative (include organization name)			Other (please describe)		

Budget - Identify items to be purchased and estimated costs. (2 points possible)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
	total		total		total
Equipment	Cost	Office (printing, postage, etc.)	Cost	Equipment	Cost
	total		total		total
Total Amount Requested _____					

Check the assessment tool you used to identify your needs. (optional) School Name\_\_\_\_\_

\_\_\_\_\_ *Changing the Scene* School Nutrition Environment Checklist (available at <http://www.fns.usda.gov/tn/Healthy/changing.html>)

\_\_\_\_\_ *School Health Index* (available at <http://apps.nccd.cdc.gov/shi/>)

\_\_\_\_\_ Other (please describe):\_\_\_\_\_)

Check which of the four Team Nutrition messages you will be using in your activity: (2 points possible)

\_\_\_\_\_ Eat a variety of foods

\_\_\_\_\_ Eat more fruits, vegetables, and whole grains

\_\_\_\_\_ Eat lower fat foods more often, and

\_\_\_\_\_ Be physically active

Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible)

Team Nutrition Education Channels

Classroom	School	Food service	Home	Community	Media

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

2. Describe activities you plan to conduct with the mini-grant and how they support the four Team Nutrition messages. (2 points)

School Name\_\_\_\_\_

3. How will the items listed in the budget support these activities? (2 points)

4. (BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

If you are implementing the Team Nutrition curriculum as part of your plan, you may also request one free module while supplies last. Please check the module you are requesting: pre-K and Kindergarten\_\_\_\_ grades 1-2\_\_\_\_ grades 3-5\_\_\_\_ middle school\_\_\_\_

I understand that as a condition of our school receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

\_\_\_\_\_  
(Teacher or Principal - print name)

\_\_\_\_\_  
(Principal or teacher - signature)

\_\_\_\_\_  
Date signed